Podium-3
Oncology

PD3-1:
MODEL FOR PREDICTING THE RISK OF ISCHEMIC STROKE AFTER RADICAL PROSTATECTOMY

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Purpose: The aim of this study is to assesses the predictive value of CHADS2 scores, CHA2DS2-VASc scores and Charlson Comorbidity Index Score (CCIS) for stroke among patients with prostate cancer.
Materials and Methods: We used Taiwan registry data base, National Health Insurance Research Database (NHIRD) in this study. We identified participants with non- atrial fibrillation (AF) prostate cancer diagnoses who underwent radical prostatectomy between January 1,1997 and December 31,2011. CHADS2 scores, CHA2DS2-VASc scores and CCIS were used to stratify the ischemic stroke risk. The scores were calculated based on the comorbilities recorded before radical prostatectomy. The receiver operating characteristics curve (ROC) was used to assess the prediction accuracy for ischemic stroke. All participants were followed from the date of enrollment until ischemic stroke, death, or the end of the 5-year follow up period.
Results: There were5414 patients diagnosed with prostate cancer undergoing radical prostatectomy in this study. The mean age at diagnosis was 65 ± 6 years. The prediction accuracy for ischemic stroke in better in CHADS2 scores (AUC = 0.971) and CHA2DS2-VASc scores (AUC = 0.953) than CCIS (AUC = 0.504).
Conclusions: Our results show that the CHADS2 score could be applied for ischemic stroke prediction in prostate cancer patients underwent radical prostatectomy. Cardiovascular risks evaluation and management are suggested for these patient with higher CHADS2 score.

PD3-2:
DOES IT NEED TO REMOVE PRE-PROSTATIC FAT TO DETECTED LYMPH NODE METASTASIS OF PROSTATE CANCER DURING ROBOTIC ASSISTED RADICAL PROSTATECTOMY?

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Purpose: To determine the number of lymph node of pre-prostatic fat and the incidence of metastatic lymph nodes in the lymph node dissection during robotic assisted radical prostatectomy(RARP)
Materials and Methods: During December 2012 to September 2015, pre-prostatic fat was removed in182 patients who underwent RARP. These tissues were sent for pathological analysis to determinate the number of lymph nodes and the count of metastatic lymph nodes. Another 128 patients without pre-prostatic fat removal were collected as control group. Operation features, such as time consumption of operation, estimated blood loss, day of hospitalization, and incidence of complication were compared within these two groups.
Results: Lymph nodes within pre-prostatic fat were detected in 17/188(9%) patients. Metastatic lymph node was found in 2/188 (1%) among these patients. Patients with metastatic lymph nodes in pre-prostatic fat had no obturator lymph nodes involved. There were no significant differences of operation features between experimental and control group.
Conclusions: Our analysis demonstrates that pre-prostatic fat contains lymph nodes. The rate of present of lymph node metastases was high. There was no increasing of the risk of surgery for Pre prostatic fat removal. Therefore, It should be routinely removed and received pathological analysis at radical prostatectomy for precise lymph node staging

PD3-3:
PREVENTION AND MANAGEMENT OF COMPLICATIONS DURING ROBOTIC ASSISTED LAPAROSCOPIC RADICAL PROSTATECTOMY FROM COMPREHENSIVE PLANNING : EXPERIENCE OF A SINGLE SURGEON OF 1000 CASES

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Purpose: To report how to prevent and manage complications of robotic assisted laparoscopic radical prostatectomy (RALP) performed by a single surgeon in Taiwan from 1000 cases experience.
Materials and Methods: Complication (Clavien system) rates were prospectively assessed in 1000 consecutive patients undergoing RALP (Group I: cases 1-200, IIa: 201-400, IIb: 401-600, IIIa: 601-800 and IIIb:801-1000). Preoperative evaluation focus on gouty history, drugs influence clotting time and cardiopulmonary problems. Magnetic resonance imaging were routinely done. Operative difficulty was assessed including neo-adjuvant hormonal therapy (NHT), obese patients (BMI>30), prostate volume>70 g, large median lobe with intravesical protrusion >1 cm, previous transurethral resection of the prostate (TURP), previous pelvic surgery, received extended pelvic lymph nodes dissection (EPLND), salvage robotic radical prostatectomy (SRP). Clinical pathway was described below: Patients were allowed to have water and then resumed regular diet on POD 1-2. The drainage tube was removed and intravenous fluid discontinued on POD 1-3.
Results: The trend of more older age, higher ASA score, body mass index (BMI) and more advanced clinical stage from Group I to Group IIIb, it is significantly statistical differences. The trend of cases of NHT, obese patients (BMI>30), previous pelvic surgery, received EPLND and SRP were significantly increased from Group I to Group IIIb. Conversely, a trendy significantly less blood loss occurred (Group I 179 ml, IIa 117 ml, IIb 90 ml, IIIa 99ml, IIIb: 97 ml, $p<0.001$). Blood transfusion (BT) incidence was gradually reduced from 3.5% to 0.5% in Groups I and IIIb, respectively ($p = 0.022$). The total complication was 6.4% (64/1000) (surgical/medical : 5% / 1.4%). Statitically significant decrease tendency of complication rate was 12%, 6%, 6%,4% and 4% in Groups I, IIa, IIb, IIIa and IIIb respectively ($p = 0.003$). The most common complication (11/1000 = 1.1%) was blood transfusion and bowel problem.
Conclusion: Learning curve for every 200 cases of RALP showed significantly less complication even the operative difficulty was increased. The keys to prevent complication was preoperation evaluation meticulously, MRI planning and a dedicated robotic team to do RALP intraoperatively. Early diagnosis and management of complication is paramount in patients have any deviation from the normal postoperative course and clinical care pathway.

PD3-4:
COMPARISONS OF ONCOLOGICAL AND FUNCTIONAL OUTCOMES AMONG RADICAL RETROPUBIC PROSTATECTOMY, HIGH DOSE RATE BRACHYTHERAPY, CRYOABLATION AND HIGH-INTENSITY FOCUSED ULTRASOUND FOR LOCALIZED PROSTATE CANCER: A PROSPECTIVE, CONTROLLED, NONRANDOMIZED TRIAL

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Purpose: To conduct a prospective, controlled, nonrandomized, single institutional comparison for radical retropubic prostatectomy (RRP), high dose rate brachytherapy (HDRBT), cryoablation and high-intensity focused